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Title: Request for Expression of Interest 168851 – RFP CP-22 – CONCRETE TESTING For The Chemistry & Metallurgy Research Replacement (CMRR) Project

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Notice for Federal Business Opportunities

General Information:

Document Type: Sources Sought
Solicitation Number: 168851
Title: CP-22 Concrete Testing
Response Date: 30-November-2011
Classification Code: H
NAICS: 541380
Small Business Set Aside: No
Recovery Act Project: No
Contracting Office Address: Acquisition Services Management - CMRR Project
Los Alamos National Laboratory (DOE Contractor)
PO Box 1663 MS D442
Los Alamos, NM 87545.

Point(s) of Contact:

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Description:

BACKGROUND:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential construction/service subcontracts for the planned CMRR Nuclear Facility at the Los Alamos National Laboratory. A bidders list will be developed for each type of construction/service subcontract to be procured.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request.

INSTRUCTIONS:

All interested, capable, and responsible sources that wish to respond to this sources sought are required to download the supplementary document(s) included on the posting website.

The supplements include a summary scope of work and several questionnaire(s) that must be completed in their entirety and returned electronically to the identified Point(s) of Contact by the Requested Response Date. The questionnaires are designed to evaluate general subcontractor capabilities (technical and financial), safety experience, and quality experience.

Once the sources sought requirement has closed, the CMRR Project will Pre-Qualify offerors based on accurate and complete submission of the questionnaire(s).



Request for Expression of Interest

168851 – RFP

CP-22 – CONCRETE TESTING

For The Chemistry & Metallurgy Research Replacement (CMRR) Project

Los Alamos National Laboratory (LANL) is seeking Expressions of Interest and Prequalification Data from qualified firms for the services described below.

GENERAL NOTES:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential construction/service subcontracts for the planned CMRR Nuclear Facility at the Los Alamos National Laboratory. A bidders list will be developed for each type of construction/service subcontract to be procured.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request.

SCOPE OF WORK:

The SUBCONTRACTOR shall furnish qualified personnel, equipment, tools, facilities, materials, supplies, transportation, labor, technical supervision, field staff, professional expertise and materials to safely perform all Work included within Construction Package (CP) CP-22 Concrete Testing .

CP-22 Concrete Testing will principally include:

- Provision of a fully equipped laboratory facility, including, but not limited to: air conditioned and heated laboratory building, modular moisture concrete test specimen curing facilities, equipment required to prepare concrete test cylinders for compression testing, press, cylinder capping material and cylinder capping equipment, aggregate sampling and testing equipment, equipment to transport test cylinders from point of sampling to the laboratory, equipment to transport wet concrete from point of sampling to the laboratory for test cylinder preparation,
- Provision of professional engineering services to review concrete and grout mix designs, evaluate concrete and grout mix components and admixtures, and provide evaluation of concrete cylinder and grout specimen test results with regard to compliance with project specifications,
- Provide field staff and equipment to test concrete and grout at point of delivery and/or point of placement, including but not limited to concrete temperatures, slump, air entrainment, unit weights and preparation of concrete test specimens for laboratory testing,
- Provide molds for concrete and grout test specimens,
- Provide laboratory equipment, to be located within the onsite laboratory facility provided by the SUBCONTRACTOR, required for laboratory testing of the composition and characteristics of sampled concrete and concrete mix design components including aggregate, cement, fly-ash, and admixtures,

- Provide all required training and certification for field and laboratory concrete technicians and inspectors.
- Provide field and laboratory technicians certified to the level required by the subcontract documents for the tasks in which they are employed.
- Provide multiple field and laboratory technicians in a number sufficient to ensure that the Project schedule can be executed without delay and supplement the number of field and laboratory technicians as required or requested by the Contractor.
- Provide an oven for aggregate testing,
- Provide concrete maturity testing,
- Provide field staff, labor and equipment at the concrete batch plant to witness the characteristics, preparation and installation of admixtures and mix design components into the concrete mix at the batch plant,
- Provide staff, labor and equipment to maintain the concrete test specimens samples before and during testing,
- Provide staff labor, and equipment for laboratory testing of prepared concrete specimens and components,
- Provide detailed reports, reviewed by a professional engineer, for all tests and inspections,
- Provide all required training and certification of SUBCONTACTOR's staff, field technicians and laboratory personnel required for provision of the aforementioned services,
- Other concrete tests as directed by the CONTRACTOR.

Coordination with other subcontractors, specifically the batch plant subcontractor and concrete placement subcontractors and infrastructure subcontractors will be required.

SUBCONTRACTOR shall provide sufficient resources to complete the work in accordance with the Schedule. The concrete testing work will be required during the following approximate periods:

- a. Infra-structure Soil's Testing: From July 2012 through October 2013
- b. Nuclear Facility Concrete Testing: From Fall 2013 through Spring 2017

It is anticipated that multiple concrete technician and laboratory technicians will be required on site for the durations listed above. Personnel shall be solely committed to the CMRR Project unless otherwise approved by the CONTRACTOR.

Unit rates for all anticipated testing services (by test/inspection type) engineering, field technician, laboratory staff and office staff shall be required. Specifically, hourly unit labor rates should be provided for:

- a. Professional Engineer.
- b. Concrete Field Technician.
- c. Concrete Laboratory Technician.
- d. Clerical Report Preparation.

Additionally, unit rates for the following specific tests should be provided:

- a. Concrete compression tests.
- b. Concrete flexural tests.

- c. Aggregate gradation tests (fine and coarse).
- d. Aggregate moisture tests

EXCLUSIONS TO SCOPE OF WORK:

- LANS will provide portable sanitary facilities.
- Utility service connection points will be provided by the CONTRACTOR for electrical, telecommunication, and water connections required by the onsite testing laboratory provided by the SUBCONTRACTOR.
- Electrical and water consumption fees will be provided by the CONTRACTOR.

SAFETY PREREQUISITES:

SUBCONTRACTOR must demonstrate safety performance equal to or lower than the following standards:

| Statistical Standards | | |
|--|---|---|
| Experience Modification Rate | The "EMR" is a number that is assigned to your company based on the insurance premium you pay and your loss statistics. Contact your insurance company for these numbers. | Maximum Allowable Average: 1.00 |
| Total Recordable Injury/Illness Case Rate (from Company OSHA 300 log) | Rate = $\frac{\text{Total Recordable Injuries/Illnesses} \times 200,000}{\text{Total Employee Hours Worked}}$ | Maximum Allowable Average: 3.2 |
| DART Case Rate (Days Away From Work, Restriction, or Job Transfer) (from Company OSHA 300 log) | Rate = $\frac{\text{Total Days Away/Restricted/Transferred Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}}$ | Maximum Allowable Average: 1.4 |

SUBCONTRACTOR QUESTIONNAIRE

| | | | | | |
|---|-----------------|---------------------------------------|--|--------------------------------------|--------------------------------------|
| Enter Dun and Bradstreet (DUNS) Number: | | | | | |
| 1. GENERAL INFORMATION | | | | | |
| NAME OF COMPANY (Full Legal Name) | | | | | |
| STREET ADDRESS | | | CITY - STATE - ZIP CODE | | |
| MAILING ADDRESS | | | CITY - STATE - ZIP CODE | | |
| TELEPHONE | FACSIMILE | | E-MAIL | | |
| WEBSITE | TELEX/TWX/CABLE | | OTHER | | |
| A. Type of Business (check box or boxes) <input type="checkbox"/> CORPORATION OR COMPANY <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> PARTNERSHIP | | | | | |
| Name and location of Parent Company | | | DUNS No. | | |
| If a Division, enter name and location of Corporate Headquarters | | | DUNS No. | | |
| If more than one DUNS number applies to your operation, attach additional explanatory page(s). | | | | | |
| B. Type of Subcontractor (check box or boxes) <input type="checkbox"/> MANUFACTURER/ FABRICATOR* <input type="checkbox"/> DISTRIBUTOR/ SUPPLY HOUSE* <input type="checkbox"/> MANUFACTURERS REPRESENTATIVE* <input type="checkbox"/> GENERAL CONTRACTOR | | | | | |
| <input type="checkbox"/> CONSTRUCTION* <input type="checkbox"/> ARCHITECTURAL/ ENGINEERING* <input type="checkbox"/> TECHNICAL SERVICE* <input type="checkbox"/> OTHER* | | | | | |
| * Specialization/Description As Follows: | | | | | |
| C. Enter Applicable SIC Codes: | | | | | |
| D. Enter Applicable NAICS Codes (North America): | | | | | |
| E. Date Business Founded: | | Under Present Ownership Since: | | | |
| F. Number of Permanent Employees: | Manual: | | Non-Manual: | | |
| G. Small, Disadvantaged, Women-Owned or Veteran Status (Reference Questionnaire - Appendix "A" For Definitions) Check Applicable Boxes <input type="checkbox"/> SMALL <input type="checkbox"/> WOMEN-OWNED <input type="checkbox"/> DISADVANTAGED: <input type="checkbox"/> HUB ZONE <input type="checkbox"/> VETERAN OWNED <input type="checkbox"/> SERVICE DISABLED VETERAN OWNED | | | | | |
| 2. FINANCIAL INFORMATION (This section MUST BE COMPLETED for consideration. Information is kept CONFIDENTIAL.) | | | | | |
| A. Bank Name: | | Agent: | | Phone No.: | |
| B. Annual Sales Volume (Last 3 Years): | | Year: 20__ \$ | Year: 20__ \$ | Year: 20__ \$ | |
| C. Present Net Worth | | | | | |
| D. Can you furnish a Payment and Performance Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If "Yes", indicate Max Dollar Limit: | | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$5,000,000 |
| | | <input type="checkbox"/> \$10,000,000 | <input type="checkbox"/> >\$25,000,000 | | |
| Surety Name: | | Agent: | | Phone No.: | |
| E. If required, can you furnish a Bank Guarantee or Letter of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If "Yes", indicate Max Dollar Limit: | | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$5,000,000 |
| | | <input type="checkbox"/> \$10,000,000 | <input type="checkbox"/> >\$25,000,000 | | |
| Surety Name: | | Agent: | | Phone No.: | |

| | | | | | | | | | | | | | | | | | | | |
|---|-----------------|--|-----------------|---------------|-----------------|---------------|-----------------|----|--|----|--|----|--|----|--|----|--|----|--|
| F. Current Financial Ratios (Public companies only) <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | |
| Working Capital / Total Assets | | Retained Earnings / Total Assets | | | | | | | | | | | | | | | | | |
| Earnings Before Interest and Taxes / Total Assets | | Market Value of Equity / Total Liabilities | | | | | | | | | | | | | | | | | |
| Sales / Total Assets | | | | | | | | | | | | | | | | | | | |
| G. Current Financial Ratios (Private companies only) <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | |
| (Current Assets-Current Liabilities) / Total Assets | | Retained Earnings / Total Assets | | | | | | | | | | | | | | | | | |
| Earnings Before Interest and Taxes / Total Assets | | Book Value of Equity / Total Liabilities | | | | | | | | | | | | | | | | | |
| Sales / Total Assets | | | | | | | | | | | | | | | | | | | |
| 3. PERSONNEL (State "Not Applicable" if the position does not exist) | | | | | | | | | | | | | | | | | | | |
| A. President: | | D. QA/QC Manager: | | | | | | | | | | | | | | | | | |
| B. Sales Manager: | | E. Field Support Manager: | | | | | | | | | | | | | | | | | |
| C. Engineering Manager : | | F. Safety Manager: | | | | | | | | | | | | | | | | | |
| 4. LABOR RELATIONS | | | | | | | | | | | | | | | | | | | |
| (List all crafts with which you have contracts and/or working agreements. <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | |
| CRAFT | EXPIRATION DATE | CRAFT | EXPIRATION DATE | | | | | | | | | | | | | | | | |
| 1. | | 3. | | | | | | | | | | | | | | | | | |
| 2. | | 4. | | | | | | | | | | | | | | | | | |
| 5. QUALITY | | | | | | | | | | | | | | | | | | | |
| <p>A. Do you have a Quality Assurance/ program written to comply with the following:</p> <p>Nuclear related activities – 10CFR 830, Subpart A and DOE Order O 414.1C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ASME NQA-1-2008, with 2009 addenda.</p> <p>Other: Specify _____</p> <p>Non Nuclear related activities – 10 CFR 830, Subpart A and DOE Order O 414.1.C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ISO 9001-2000</p> <p>Other: Specify _____</p> <p>Nuclear <input type="checkbox"/> Yes <input type="checkbox"/> No Other Certification (Please Specify) _____</p> <p>ISO 9001 <input type="checkbox"/> Yes <input type="checkbox"/> No Other Certification (Please Specify) _____</p> <p><i>For your Quality Assurance/Quality Control program(s), attach the Table of Contents from relevant manual(s) or, on additional pages, describe the method and level of compliance standard(s).</i></p> | | | | | | | | | | | | | | | | | | | |
| 6. BIDDING INTEREST AND QUALIFICATIONS | | | | | | | | | | | | | | | | | | | |
| <p>A. Indicate your relevant experience and qualifications as described in the attached "Scope of Work". (Attach additional pages if necessary)</p> | | | | | | | | | | | | | | | | | | | |
| <p>B. Indicate appropriate Contract/Purchase Order dollar range within which you prefer, and are currently able, to bid (i.e., \$250,000 to \$1,500,000)</p> <p style="text-align: center;">\$ _____ to \$ _____</p> | | | | | | | | | | | | | | | | | | | |
| <p>C. Indicate Industry or Code Certifications (ASME, API, TEMA, Class of Code-Stamp, etc.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CERTIFICATION</td> <td style="width: 25%;">EXPIRATION DATE</td> <td style="width: 25%;">CERTIFICATION</td> <td style="width: 25%;">EXPIRATION DATE</td> </tr> <tr> <td>1.</td> <td></td> <td>4.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td>5.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td>6.</td> <td></td> </tr> </table> | | | | CERTIFICATION | EXPIRATION DATE | CERTIFICATION | EXPIRATION DATE | 1. | | 4. | | 2. | | 5. | | 3. | | 6. | |
| CERTIFICATION | EXPIRATION DATE | CERTIFICATION | EXPIRATION DATE | | | | | | | | | | | | | | | | |
| 1. | | 4. | | | | | | | | | | | | | | | | | |
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| 3. | | 6. | | | | | | | | | | | | | | | | | |

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| D. Subcontract Services (List type of work normally subcontracted to others) | | | |
| | | | |
| 7. PROFESSIONAL LICENSES | | | |
| <i>Indicate the work category you are licensed for and the area(s) (Country/State/Province) in which you hold each. Attach additional pages, if necessary.</i> | | | |
| TYPE OF LICENSE | LOCATION | TYPE OF LICENSE | LOCATION |
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |
| 8. CONTRACTORS' SPECIFIC NON-MANUAL, ENGINEERING, ARCHITECTURAL AND CONSTRUCTION TYPE LISTINGS: | | | |
| A. List Personnel by Discipline (Number on Staff) – (State "Not Applicable" if the position does not exist) | | | |
| _____ Project Managers _____ Administrators _____ Estimators _____ Architects _____ Chemical Engineers _____ Electrical Engineers _____ Mechanical Engineers | _____ Structural Engineers _____ Sanitary Engineers _____ Transportation Engineers _____ Technical Writers _____ Surveyors _____ Superintendents _____ Foremen | _____ Construction Inspectors _____ Laborers _____ Carpenters _____ Operators _____ Painters _____ Electricians _____ Iron Workers | |
| 9. WORK HISTORY <i>(Complete the attached Work History form per Appendix "B" and attach to this Questionnaire)</i> | | | |
| Also attach a list of permanent offices and any brochures that further describe your company's activities and capabilities. Please do not include product catalogs, inventory or price lists. | | | |
| 10. SAFETY & HEALTH EXPERIENCE <i>(Complete the attached S&H form per Appendix "C" and attach to this Questionnaire)</i> | | | |
| 11. SOCIAL AND ENVIRONMENT SUSTAINABILITY INITIATIVES <i>(Check all that are employed or achieved through company initiatives)</i> | | | |
| <input type="checkbox"/> Written environmental policy | | <input type="checkbox"/> Leadership in Energy and Environmental Design (LEED) Certification | |
| <input type="checkbox"/> Environmental performance integrated into corporate mission | | <input type="checkbox"/> Policies and practices to minimize fuel usage or use of alternative energy | |
| <input type="checkbox"/> Social performance integrated into corporate mission | | <input type="checkbox"/> Initiatives to mitigate environmental impacts of on-site services | |
| <input type="checkbox"/> Annual report detailing its mission-related performance (e.g. corporate social and environmental targets) | | <input type="checkbox"/> Code of conduct holding sub suppliers accountable for social and environmental performance | |
| 12. COMPLETED BY: | | | |
| SIGNATURE | | TITLE | |
| NAME | | DATE | |

APPENDICES:

APPENDIX "A" – GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED AND VETERAN ENTERPRISES

APPENDIX "B" – CONTRACTOR/SUPPLIER WORK HISTORY

APPENDIX "C" – CONTRACTOR SAFETY & HEALTH QUALIFICATION DATA

APPENDIX A

GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED, AND VETERAN ENTERPRISES

Following are definitions of small business concerns, veteran-owned small business concerns, service-disabled veteran-owned small business concerns, HUB Zone small business concerns, minority business enterprises, small disadvantaged business concerns, women-owned small business concerns and labor surplus area business concerns (all called "Enterprises") as defined by the U.S. Federal Acquisition Regulations:

| | |
|--|---|
| Small-Business Concern | Firms, including affiliates, that are independently owned and operated, not dominant in the field of operation in which they are bidding on Government contracts, and that qualify under the criteria and size standards for small businesses in 13 CFR Part 121 as determined by the SBA. |
| HUB Zone | A historically underutilized business zone which is located within one or more qualified census tracts, qualified metropolitan counties, or lands within the external boundaries of an Indian reservation. HUBZone's appear on the List of Qualified HUBZone Small Business Concerns maintained by the SBA. |
| Veteran-owned Small Business Concern | A small business concern – (1) not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and (2) the management and daily business operations of which are controlled by one or more veterans. |
| Service-disabled Veteran-owned small Business Concern | (1) A small business concern – (i) not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16). |
| Small Disadvantaged Business Concern (Minority) | An offeror that represents, as part of its offer, that it is a small business under the size standard applicable to the acquisition; and either – It self certifies as a small disadvantaged business concern consistent with 13 CFR part 124, subpart B; and (i) No material change in disadvantaged ownership and control has occurred since its certification; (ii) Where the concern is owned by one or more disadvantaged individuals upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and (iii) It is identified, on the date of its representation, as a self certified small disadvantaged business concern in the database maintained by the SBA (Central Contractor Registration (CCR)). |
| Women-Owned Small Business Concern | A small business concern – 1) which is at least 51 percent owned by one or more women: or in the case of any publicly owned business, at least 51 percent of the stock which is owned by one or more women; and 2) whose management and daily operations are controlled by one or more women. |

APPENDIX B

SUBCONTRACTOR WORK HISTORY

The Contractor submits the following statement as to its experience qualifications:

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.
4. If you have not worked in the country specified in the cover letter within the period outlined in 3 above, add a separate page listing any work ever performed in that country. **[Item 4 does not apply to U.S. work.]**
5. Column Completion Notes:
 - a. Name and Address. For past work, include an asterisk (*) to identify any work that required nuclear quality assurance.
 - b. Work Description. Describe work scope and then indicate if prime or subcontract.
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 93/Sep94.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

| Contractor/SUPPLIER WORK HISTORY | | | | | | | |
|----------------------------------|--|------------------|----------|-------|------------|----------|--------|
| | Customer Name, address, representative and phone no. | Work Description | Location | Value | Start/Stop | Schedule | Budget |
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List any awarded Contracts/Purchase Orders that were not satisfactorily completed: (List any and all exceptions and reasons therefore, attaching additional pages if necessary):

APPENDIX C

SUBCONTRACTOR SAFETY AND HEALTH QUALIFICATION DATA

NAME OF COMPANY: _____

The above named Company submits the following Safety & Health qualification data:

| | | | |
|---|------------------|------------------|-------------|
| 1. SAFETY PERFORMANCE | | | |
| 1.1.a Provide a brief description of each fatality your firm has incurred in the three most recent years (add pages if required): | | | |
| Year 20[] _____ | Year 20[] _____ | Year 20[] _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| 1.1.b Provide a brief description of each fatality by any sub-tier subcontractor working under your direction has incurred in the three most recent years (add pages if required): | | | |
| Year 20[] _____ | Year 20[] _____ | Year 20[] _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| 1.2.a Provide the following information on your firm for the three most recent years: | | | |
| | 20[] _____ | 20[] _____ | 20[] _____ |
| a. Number of lost workday cases. | _____ | _____ | _____ |
| b. Number of restricted workday cases. | _____ | _____ | _____ |
| c. Number of cases with medical attention only. | _____ | _____ | _____ |
| d. Number of fatalities. | _____ | _____ | _____ |
| e. Number of hours worked. | _____ | _____ | _____ |
| 1.2.b Provide the following information on any sub-tier subcontractor working under your direction for the three most recent years: | | | |
| | 20[] _____ | 20[] _____ | 20[] _____ |
| a. Number of lost workday cases. | _____ | _____ | _____ |
| b. Number of restricted workday cases. | _____ | _____ | _____ |
| c. Number of cases with medical attention only. | _____ | _____ | _____ |
| d. Number of fatalities. | _____ | _____ | _____ |
| e. Number of hours worked. | _____ | _____ | _____ |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Are accident reports and report summaries sent to the following and how often? | | | | | |
| | No | Yes | Monthly | Quarterly | Annually |
| a. Project Superintendent/Site Manager. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Vice President/Manager of Construction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Safety Director | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. President of Firm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|--|--|--|--|
| 3. Do you hold site safety meetings for field employees both Manual and Non-Manual? | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| How Often? | | | | | |
| Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less Often, As needed <input type="checkbox"/> | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 4. Do you conduct project safety inspections? | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If yes, who conducts this inspection? | | | | | |

| | |
|-------|------------|
| TITLE | HOW OFTEN? |
|-------|------------|

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 5. How are accident records and accident summaries kept? How often are they reported? | | | | | |
| | No | Yes | Monthly | Annually | |
| a. Accidents totaled for the entire company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Accidents totaled by project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (1) Subtotaled by superintendent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (2) Subtotaled by foreman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 6. How are costs of individual accidents kept? How often are they reported? | | | | | |
| | No | Yes | Monthly | Annually | |
| a. Costs totaled for the entire company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Costs totaled by project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (1) Subtotaled by superintendent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (2) Subtotaled by foreman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | |
|--|----------|----------------------------|
| 7. List key Safety and Health personnel planned for this project. Please list name and expected position. When a project has not been specified, list key company personnel. | | |
| NAME | POSITION | PROPOSED / CURRENT PROJECT |
| | | |
| | | |
| | | |
| | | |

8. Do you have a written safety & health program?

Yes ☐

No ☐

9. Do you have an orientation program for new hires?

Yes ☐

No ☐

If yes, submit a copy for evaluation. Does it include instruction on the following?

| | Yes | No | | Yes | No |
|------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| a. Head protection | <input type="checkbox"/> | <input type="checkbox"/> | i. Fire protection | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eye protection | <input type="checkbox"/> | <input type="checkbox"/> | j. First aid facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hearing protection | <input type="checkbox"/> | <input type="checkbox"/> | k. Emergency procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Respiratory protection | <input type="checkbox"/> | <input type="checkbox"/> | l. Toxic substances | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Safety belts and lifeline | <input type="checkbox"/> | <input type="checkbox"/> | m. Trenching and excavation | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Scaffolding | <input type="checkbox"/> | <input type="checkbox"/> | n. Signs, barricades, flagging | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Perimeter guarding | <input type="checkbox"/> | <input type="checkbox"/> | o. Electrical safety | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | p. Rigging and crane safety | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | q. Road Safety (Driving) | <input type="checkbox"/> | <input type="checkbox"/> |

10. Do you have a program for newly hired or promoted foremen?

Yes ☐

No ☐

If yes, submit a copy for evaluation. Does it include the following?

| | Yes | No | | Yes | No |
|-------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. Safe work practices | <input type="checkbox"/> | <input type="checkbox"/> | e. First aid procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Safety supervision | <input type="checkbox"/> | <input type="checkbox"/> | f. Accident investigation | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Toolbox meetings | <input type="checkbox"/> | <input type="checkbox"/> | g. Fire protection and prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Emergency procedures | <input type="checkbox"/> | <input type="checkbox"/> | h. New worker orientation | <input type="checkbox"/> | <input type="checkbox"/> |

11. Do you hold craft "toolbox" safety meetings?

Yes ☐

No ☐

How Often?

Weekly ☐

Bi-Weekly ☐

Monthly ☐

Less Often, As needed ☐

12. Do you have a written Hazard Communication program?

Yes ☐

No ☐

If yes, how is it implemented on each project?

13. Do you have/require Material Safety Data Sheets (M.S.D.S.) for material/chemicals/equipment?

Yes ☐

No ☐

If yes, explain field procedure for informing craft workers about potential hazards:

14. List three (3) client references that could verify the quality and management commitment of your safety program.

Name

Address

Phone No.

a.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | |
| | _____ | |

b.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | |
| | _____ | |

c.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | |
| | _____ | |

SUPPLIER QUALITY ASSURANCE QUESTIONNAIRE

Supplier or Sub-Tier Name:

Location/Address of Supplier facility (ies):

Product Description:

Does the manufacturer (distributors should obtain the assistance of the manufacturer to complete this) or contractor have a written Quality Assurance Program (QAP) Management System that is developed, implemented and maintained?

Yes ☐ No ☐ [Hint: Double-click on a box to default to checked, then cut and paste box for the rest of the answers.]

QA/QC MANUAL TITLE _____

REVISION AND ISSUE DATE _____

ATTACH A TABLE OF CONTENTS OR LISTING AND OTHER SUPPORTING INFORMATION TO THE QUESTIONNAIRE

QA/QC program table of contents and other supporting information attached? Yes ☐ No ☐

IDENTIFY CODES AND/OR STANDARDS WITH WHICH YOUR QA/QC PROGRAM COMPLIES

| Codes/Standards/Supplements | Yes | No | Comments/Equivalent |
|---|--------------------------|--------------------------|---------------------|
| 1. DOE Order 414.1__ (identify version), Attachment 2 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. ASME NQA-1 _____ (identify year) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. ASME Section _____ (Certificate No. _____) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. ISO _____ (Certificate No. _____) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. What industry standards do you currently use to develop software/firmware? _____ | | | |
| 6. Other Codes and Standards: _____ | | | |

ASME NQA-1-2008/ASME NQA-1a-2009

Indicate whether your QA/QC Manual and/or implementing procedures address the following:

| ASME NQA-1 Program Elements | Yes | No | Procedure/Manual |
|---|--------------------------|--------------------------|------------------|
| ASME NQA-1, Requirement 1, Organization | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 2, Quality Assurance Program | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 2, Auditor/Lead Auditor Qualifications | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 2, Qualification of Inspection and Test Personnel | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 2, Qualification of Nondestructive Testing Personnel | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 4, Procurement Document Control | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 5, Instructions, Procedures, and Drawings | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 6, Document Control | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 7, Control of Purchased Items and Services | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you dedicate commercial off-the-shelf software for use as a Commercial Grade Item in accordance with NQA-1 requirements? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 8, Identification and Control of Items | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 11, Test Control | <input type="checkbox"/> | <input type="checkbox"/> | |

| Indicate whether your QA/QC Manual and/or implementing procedures address the following: | | | |
|---|--------------------------|--------------------------|------------------|
| ASME NQA-1 Program Elements | Yes | No | Procedure/Manual |
| ASME NQA-1, Requirement 12, Control of Measuring and Test Equipment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do your reference standards have a minimum accuracy four times greater than that of the measuring and test equipment being calibrated? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 13, Handling, Storage, and Shipping | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 14, Inspection, Test, and Operating Status | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 16, Corrective Action | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 17, Quality Assurance Records | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Requirement 18, Audits | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Subpart 2.2, Quality Assurance Requirements for Packaging, Shipping, Receiving, Storage, and Handling of Items for Nuclear Power Plants | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASME NQA-1, Subpart 2.7, Quality Assurance Requirements for Computer Software for Nuclear Facility Applications | <input type="checkbox"/> | <input type="checkbox"/> | |
| Identify other ASME NQA-1 Part II, Subparts applicable to the quality assurance/quality control program _____ | | | |

DOE ORDER 414.1

| Indicate whether your QA/QC Manual and/or implementing procedures address the following: | | | |
|---|--------------------------|--------------------------|------------------|
| DOE ORDER 414.1 Requirement | Yes | No | Procedure/Manual |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (1) - Program Establish an organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work. Establish management processes, including planning, scheduling, and providing resources for work. (An NQA-QA program will need to describe the management process for providing resources.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (2) - Personnel Training and Qualification Establish an organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work. Establish management processes, including planning, scheduling, and providing resources for work. | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (3) - Quality Improvement Establish and implement processes to detect and prevent quality problems. Identify, control, and correct items, services, and processes that do not meet established requirements. Identify the causes of problems and work to prevent them. Review item characteristics, process implementation, and other quality-related information to identify items, services, and processes needing improvement. (The DOE Order extends the requirements of NQA-1 to all problems including all conditions [not limited to significant] adverse to quality and to all nonconforming items [not limited to generic]). | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (4) - Documents and Records Prepare, review, approve, issue, use, and revise documents to prescribe processes, specify requirements, or establish design. Specify, prepare, review, approve, and maintain records. | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (5) - Work Processes Perform work consistent with technical standards, administrative controls, and hazard controls adopted to meet regulatory or contract requirements using approved instructions, procedures, etc. Identify and control items to ensure their proper use. Maintain items to prevent their damage, loss, or deterioration. Calibrate and maintain equipment used for process monitoring or data collection. | <input type="checkbox"/> | <input type="checkbox"/> | |

| Indicate whether your QA/QC Manual and/or implementing procedures address the following: | | | |
|--|--------------------------|--------------------------|------------------|
| DOE ORDER 414.1 Requirement | Yes | No | Procedure/Manual |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (7) - Procurement Procure items and services that meet established requirements and perform as specified. Evaluate and select prospective suppliers on the basis of specified criteria. Establish and implement processes to ensure that approved suppliers continue to provide acceptable items and services. | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (8) - Inspection and Acceptance Testing Inspect and test specified items, services, and processes using established acceptance and performance criteria. Calibrate and maintain equipment used for inspections and tests. | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (9) - Management Assessment Ensure that managers assess their management processes and identify and correct problems that hinder the organization from achieving its objectives. | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Quality Assurance Criterion (10) - Independent Assessment Plan and conduct independent assessments to measure item and service quality and the adequacy of work performance and to promote improvement. Establish sufficient authority and freedom from line management for independent assessment teams. Ensure that persons conducting independent assessments are technically qualified and knowledgeable in the areas to be assessed. | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Is your software quality assurance program based on national or international standards? If yes, identify which ones apply below: ___ASME NQA-1, Part I, Requirement 3 ___ASME NQA-1, Part I, Requirement 11 ___ASME NQA-1, Part II, Subpart 2.7 Other_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Does your software quality assurance program define a method for grading safety software and establishing controls based on the level of importance? | <input type="checkbox"/> | <input type="checkbox"/> | |
| DOE Order 414.1, Attachment 2, Safety Software Quality Requirements Does your software quality assurance program include controls for software configuration management and quality planning, software risk management, software procurement and supplier management, software requirements identification and management, software design and implementation, software verification and validation, and problem reporting and corrective action? | <input type="checkbox"/> | <input type="checkbox"/> | |

General

| |
|---|
| Do you understand the questions above? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide your comments or suggestions. Also, provide any additional information relevant to your quality assurance program. |
|---|

Preparer_____ Signature_____ Title_____
 Date_____